

[Date of Letter]

Section of Community Health and EMS
Department of Health and Social Services
Box 110616
Juneau, AK 99811-0616

To whom it may concern:

This letter confirms that I will serve as the physician medical director for the **[name of service]** and will fulfill the responsibilities of a physician medical director outlined in 7 AAC 26.610 - 7 AAC 26.700 and will notify your office of any changes in sponsorship.

The contact within the **[agency for which you serve as Physician Medical Director]** is **[name of contact]**. **[He/She]** can be reached at **[telephone]**.

Sincerely,

[Name]
[Mailing Address]
[Telephone]
[Email address]